

Case Number:	CM14-0050733		
Date Assigned:	06/23/2014	Date of Injury:	06/13/2003
Decision Date:	07/24/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female who reported an injury on 06/13/2003. The mechanism of injury was not provided. The medication history included Flexeril in 12/2013. Clinical documentation dated 02/05/2014 revealed the injured worker had chronic low back pain and bilateral lower extremities pain. The diagnoses included lumbar disc displacement without myelopathy, sciatica and stenosis spinal lumbar. The treatment plan included Cyclobenzaprine, and Flexeril 7.5 mg #90 (1/2 to 1 four times/2 times a day as needed for spasms).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 PRESCRIPTION OF FLEXERIL 7.5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS Chronic Pain Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. There should be documentation of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation

submitted for review indicated the injured worker had been utilizing the medication since at least 12/2013. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of flexeril 7.5 mg #90 is not medically necessary.